

Government of West Bengal Directorate Of Health Services Department of Health & Family Welfare Swasthya Bhawan, GN-29, Sector-V Salt Lake City, Kolkata - 700 091.

10M-07-18/M-130

Dated, 13-03-18

This is for the information to all concerned that the officers of WBHS, WBPH&AS, WB Dental Service and WBDES, who have qualified in NEETPG-2018 and fulfilling the eligibility criteria as per TR Rule and subsequent notifications No: HF/O/MA/215/4P-01/17PT-I, Dated 06th March-2018 & notifications No: HF/O/MA/216/4P-01/17PT-I , Dated 06^{th} March-2018, for session 2018 , are instructed to go through the notice of WBUHS for registration (online) and also verification of the necessary original documents as per schedule for their state ranking (as per merit), and subsequently issuing the temporary NOC for counselling.

The following documents, duly authenticated and forwarded by the appropriate authority (Two copies each as mentioned below), are to be submitted by the applicants at the time of verification at Swasthya Bhawan as per schedule prepared for In-Service candidates by WBUHS.

- 1. Application for issue of temporary NOC with, e-Mail id and phone number.
- 2. Filled up official Proforma with all relevant GO's, enclosures and documents as asked, for issue of temporary NOC for appearing in the counselling process.
- 3. Copy of Admit Card.
- 4. Copy of Rank Card.
- 5. Copy of Download Proforma of application acknowledgement No Objection Slip from WBUHS available on the website www.wbmcc.nic,in

The dates of verification of the documents of the eligible applicants at Swasthya Bhawan & issuing of the temporary NOC, batch wise, will be held as per

Director of Health Services

West Bengal

Department of Health & Family Welfare Swasthya Bhawan, Salt Lake City, Kolkata - 700 091.

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Enclosure of: Memo No. 1+AD/10 M -09-18/M-130

Dated: 13-03-18

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Proforma for Temporary No Objection Certificate (NOC)

Proforma to be filled up by the applicant and verified and forwarded by the local authority & Head of the Institution/ District Controlling Authority and sent in duplicate along with prayer for Temporary No Objection Certificate (NOC) for appearing at Post Graduate (Both Degree & Diploma) & Post Doctoral Counseling & Entrance.

Note-

- a) All the serial numbers & columns/ rows to be filled up by the applicant and no column/ row to be left vacant
- b) Write Not-applicable (NA) in any serial number & column/ row, if so deemed fit.

(TEMPORARY NOC DOES NOT GURANTEE THE APPROVAL OF GRANT OF TR FACILITY TO THE APPLICANT)

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A: TO BE FILLED BY THE CANDIDATE:-				
1. Name of the applicant (ir	Block letters):		
1. Name of the applicant (in Block letters): 2. (a) Date of Birth: DD/MM/YYYY/				
(b) Age as on 31 st March, 20: Years/Months/Days				
3. Designation:	. 4 . 4 4 4 4 4 4 7 7 7 7 7 7 7 7 7 7 7	*# 420 44 5 44 5 64 5 64 7 84 5 4	************************	***************
4. Present place of posting:.	\$ \$ \$ 10 881 942 942 953 114 556 4			3
E Education Los Art				
5. Educational Qualification	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************
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Name of the	Session	Discipline	Date of Admission	Date of publication of result
Course	30331011	Discipline	(DD/MM/YYYY)	(DD/MM/YYYY)
i) M.B.B.S/BDS		XXXXXXXX		(SD)(VIVI)
/ ii) Any Diploma	<u> </u>			
iii) MD/MS/DNB/MDS iv) DM/MCh / Others				·
iv) DM/MCh / Others		L		
6 Desirbustis No. 1				•
6. Registration Number of Sta	te Medical / [Dental Council	& Year of Registra	tion:
7. Whether placed on Trainee	Reserve / Stu	idy Leave earl	ier (Yes/No):	PENNESALIABAANNES 13244
i) If yes, date of re-joining after completion of T R/ Study Leave: Date				
GO. No				
8. Date of joining in service (WBMES/WBHS/WBPHAS/WBDS&WBDES)				
i) As Ad-hoc: Date				
ii) Date of regularization of service: Date				
iii) P.S.C./Direct Recruitment/ WBHRB DateGO. No(furnish G.O. copy)				
9. Date of confirmation of service Date				
(Turnish G.O. copy)				

10. Previous place(s) of posting(s) in details since joining with dates;

SI No Post Held (DD/MM/YYYY) Name of Health/ Medical Institutes.	Name of Health / Madical	To I	Г		
No (DD/MM/YYYY) (DD/MM/YYYY)	Name of Health/ Medical			Post Held	4.1
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11. Period of service rendered as rural service (in years): Years/Months/Days:///	s/Months/Days://	ice (in years): Year	ered as rural sei	. Period of service r	11.
12. Period of service rendered in SNCU/HDU/CCU/ICCU/ITU: Years/Months/Days: //	ears/Months/Days:/	J/CCU/ICCU/ITU: Y	red in SNCU/HI	. Period of service re	12.
13. Total length of service period up to the 31st March of the year of the commencement of session	e year of the commenceme	e 31 st March of th	period up to t	. Total length of se	13.
concerned Years/Months/Days:/	•		•	•	
14. i) Whether there is any break in service: Yes/No(If Yes give details)	(If Ves give details)				
					14,
ii) Whether there is any leave period yet to be sanctioned/regularized: Yes/No	regularized: Yes/No	to be sanctioned/	rieave period y	•	
(If Yes give details)				, 0	
iii) Whether there is any unauthorized absence period: Yes/No (If Yes give details)					
iv) Whether there is any Court Case/ Departmental Proceeding/ Vigilance Case pending against	ceeding/ Vigilance Case pen	Departmental Proc	ny Court Case/	iv) Whether there	
him/her :Yes/No(If Yes give details)		ve details)	(If Yes ¿	n/her :Yes/No	hin
				1	
15. Course in which admission is sought for:			sion is sought fo	. Course in which ac	15.
			Ü	,	
Course (PG Degree/Diploma/			oma/	Course (PG Degree	
Post Doctoral Session Institute / University	Institute / University	on	Ses	,	'
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16. Declaration by the incumbent:			mhant:	Dealaration by the	1.0
	dodoro that the			•	10.
"	declare that the				
mentioned above by me are true.			e are true.	mentioned above	
Signature of the applicant	e of the applicant	Signature			
(Name-		(Name-			
Designation:	on:	Designati			
Date:	****	5			
		Date.		/ 15 # 1 51	
(a)Mob. No.				• •	
(b) email id:				(b) email id:	
XX		xx	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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B:	Certificate of local authority:	· ·
To Be Filled & Signed By the Local	Authority:-	
Memo No	······································	Dated:
Certified that the information a service book& other records and a	nd particulars submitted by the appare found to be correct.	olicant are verified from his/ her
details). Forwarded and recommended for	noted in the service book of Dr or Temporary No Objection Certificat Doctoral Entrance / Counseling for the	e for appearing at Post Graduate
Date:	Signature of the & Custodian of Service B	
C Signature of the He	ead of the Institute / District Controll	ing Authority:
Memo No	······································	Dated:
Forwarded & Recommended to D at Post Graduate (Both Degree & Remarks (if any):	HS/DME for grant of Temporary 'No O Diploma) & Post Doctoral Counseling,	Objection Certificate' for appearing for the year 2018-2019.
Date:	Signature of the Head o / District Controlling Auth	
	XX	ANG.

Temporary No Objection Certificate

Memo No	Date:
Drnow	appointed as
(Designation) at	(Place of Posting) under the cadr
of WBHS/WBPHAS/WBMES/ WBDS/ WBDES is permitted to appear	for the counseling for the year 2018
19 as 'Government in service candidate' for theco	ourse for the session
as per 'The WBMES,WBHS,WBPHAS,WBDS&WBDES, (placement o	n Trainee Reserve) Rules – 2015 and
subsequent amendment in 2018, vide Memo No: HF/O/MA/215/	4P-01/17/PT-I, Dated-06 th March,201
& Memo No: HF/O/MA/216/4P-01/17/PT-I, Dated-06 th March,2018	
This is only a temporary NOC to the candidates for participal discipline. The candidate shall have to apply in a separate profinalized, for obtaining TR from the department.	
No T.A/D.A will be allowed to him/her for attending the said entra	nce examination/ counseling. He /Sh
will avail admissible leave for this purpose.	,
Selection may not be binding on the Government to permit him/	her to undergo the above course with
T.R. facility though Temporary NOC has been issued.	
Director of Medical Educa West Ben	ation/ Director of Health Services gal.
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13/3/18

2/8/18